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8.0 CHILD ABUSE/NEGLECT (REPORTING & PREVENTION)

- 8.1 Child abuse/neglect cases are often identified in the CDP setting. The suspicion or identification of child maltreatment or abuse carries significant responsibilities for program personnel.
 - 8.1.1 It is Navy policy to provide comprehensive and coordinated programs to prevent child abuse and promote early identification and intervention in cases of alleged abuse.
 - 8.1.2 Employees, volunteers and FCC providers shall receive training in child abuse/neglect reporting laws of the state, territory or country where the CDP is located.
 - 8.1.3 Each CDP's standard operating procedures shall include procedures for reporting cases of suspected child abuse and neglect.
 - 8.1.4 CDPs shall ensure that parents are informed, in writing, of child abuse prevention, identification, and reporting requirements.
- 8.2 The Family Advocacy Committee is comprised of representatives from Navy and civilian agencies and organizations likely to be involved in family advocacy cases or issues. (Refer to SECNAVINST 1752.3.)
 - 8.2.1 The director/administrator shall serve on the committee.

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- 8.3 A medical facility social worker is designated as the local Family Advocacy Representative (FAR) and is the point of contact for all family violence (including child abuse) reports.
- 8.3.1 Reporting requirements for suspected cases of child abuse/neglect shall be carefully followed according to the local family advocacy protocol.
- See Section 8.5.
- 8.3.2 If child abuse or neglect is suspected or identified within a child care setting, the staff member/FCC provider is required by law and Navy policy to report the suspected/alleged abuse/neglect to the FAR or civilian child protective services immediately.
- The FAR shall contact civilian authorities and other base offices as necessary.
- 8.3.3 All incidents and subsequent action shall be documented by appropriate individuals.
- If the FAR is not immediately available, call the local community child protective service.
 - Every state requires reporting of known or suspected child abuse/neglect.
 - CDC employees and FCC providers are mandated reporters of abuse/neglect and face legal penalties for failure to report known or suspected abuse/neglect. Supervisors/FCC coordinator shall be informed when a report is made.
- 8.3.4 The CDP director/FCC coordinator is responsible for ensuring that there is complete follow through on any suspected cases reported by the staff and shall work in coordination with the FAR and the appropriate military and civilian agencies.

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- 8.4 Local telephone numbers for reporting child abuse/neglect and the DoD child abuse hot line number shall be posted in all facility lobbies and FCC homes and available to staff and parents for reporting child abuse/neglect.

- Installation Family Advocacy Office _____
- Child Protective Services _____
- DoD hot line: _____

CONUS:

Alaska, Hawaii, Puerto Rico 1-800-336-4592

OCONUS:

Guam	<u>01-800-164-8003</u>
Italy	<u>1678-70-154</u>
Japan	<u>0031-11-1821</u>
Spain	<u>900-99-1107</u>
United Kingdom	<u>0800-89-7478</u>

- 8.4.1 The purpose of the hot line is to provide an opportunity for parents to report suspected child abuse/neglect or fire, health, or safety violations in FCC or CDCs.

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- 8.5 Allegations of child sexual abuse occurring within Navy sanctioned CDPs have wide ranging consequences.
- 8.5.1 Primary consideration in such cases must be given to the welfare of children as well as to the community in general.
- 8.5.2 Child sexual abuse in a Navy sanctioned out-of-home care setting requires an immediate report.
- 8.5.3 The commanding officer shall ensure that the Bureau of Naval Personnel (Pers-65/Pers-66) is notified by message within 24 hours of the actual or alleged occurrence of child sexual abuse in command-sponsored CDC or FCC programs.
- The message, with information copies to chain of command, should include details of the incident and the status of case investigation.

NOTE: See sample message format in Section 32.

- This report is assigned report control symbol, BUPERS 1700-2.

NOTE: Status reports shall be forwarded detailing significant additional follow-up information until a final report is submitted.

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8.6 Allegations of physical abuse perpetrated by CDC employees or FCC providers shall be reported to Pers-65.

8.6.1 Incidents requiring medical treatment shall be reported by message within 24 hours.

8.6.2 Incidents not requiring medical treatment shall be reported by letter within 7 days.

8.6.3 Reports should include details of the incident, status of investigation and actions taken.

NOTE: In cases requiring medical treatment, periodic status reports shall be forwarded detailing significant follow-up information until a final report is submitted.

8.7 At a minimum the following actions shall be taken in addition to the required reports:

8.7.1 Report the case to the FAR at the nearest medical treatment facility or Family Service Center and to Naval Investigative Service Command (NISCOM).

8.7.2 Immediately reassign CDC caregiver(s) to duties not involving children (personnel records should not reflect an allegation) until the investigation is complete.

8.7.3 In the case of FCC, immediately remove all child care children from the home.

8.7.4 To manage the case locally, use the family advocacy case review subcommittee with investigative support from Naval Criminal Investigative Service (NCIS) and legal advice from the Staff Judge Advocate for the officer exercising General Court-Martial jurisdiction in the area in which the case occurred.

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- 8.7.5 In allegations of sexual abuse, if there appears to be multiple victims, request assistance promptly from Bureau of Naval Personnel (Pers-66).
- 8.7.6 The local public affairs office (PAO) is the official media contact for any incidents occurring in the CDPs, and has overall responsibility for handling inquiries from the press.
- 8.8 Training in the identification and dynamics of child maltreatment shall be provided to CDC staff, FCC providers and parents (Module 14 of Navy Caregiver Training Program or the Child Abuse Training Module for Military Family Child Care Providers).
 - 8.8.1 Training will be generic in nature and will focus on the following:
 - Defining child abuse and neglect
 - Different types of abuse
 - Signs and causes of abuse
 - Identification, reporting and prevention
 - Understanding the importance of strong parent program partnership
 - Measures CDC staff and FCC providers take to minimize the risks of abuse
 - Touch policy

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- 8.8.2 New staff shall receive training within 60 days of coming on board. Training shall be updated annually. Parent training sessions will be provided at least annually.
- 8.8.3 CDPs should have a library of resources (e.g., books, pamphlets) addressing child abuse/neglect available to both staff and parents.
- 8.9 CDC staff shall have a knowledge of the Navy's Family Advocacy Program (FAP) as outlined in SECNAVINST 1752.3 and OPNAVINST 1752.2.
 - SECNAVINST 1752.3 provides guidelines for the establishment of FAPs on Navy bases.
- 8.10 All personnel providing care or service to children shall be screened for a history of child abuse/neglect. (See Section 10.)
- 8.11 To help prevent child abuse in CDCs, all areas shall have a window, vision panel or other means of visual access to allow viewing from the outside and/or hallways. Places and opportunities for removing children from the view of others shall be limited.
 - 8.11.1 There shall be no art work, draperies or blinds placed over the windows that impede viewing.
 - 8.11.2 Doors on toilet stalls for children under 5 years of age shall be half doors or be removed. Doors to all bathrooms used by children shall permit visibility.
 - 8.11.3 Diapering areas shall be located so they are visible to other adults.

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- 8.11.4 Doors to outdoor storage areas shall be visible from the main building and should have vision panels if feasible.
 - 8.11.5 No rooms shall be completely darkened during periods when children are present.
 - 8.11.6 Convex mirrors shall be installed to improve supervision in low visibility areas.
 - 8.11.7 Facilities renovated or constructed after 1 October 1993 shall include large vision panels in rooms used for care when walls are constructed or replaced. (Panels in fire rated walls must conform to fire protection requirements.) Walls around toilet stalls for children under 5 years shall be half walls. All outdoor play areas should be viewed from the activity room.
- 8.12 Access to children by individuals not employed by the program shall be limited. A reception desk will be located and staffed to permit viewing of main entrances. Exterior doors, other than main entrance and kitchen entrance, that do not open to a fenced area shall be properly secured or alarmed to alert staff of unauthorized entry or exit. Playground gates shall be secured to prevent unauthorized entry.
- 8.12.1 All visitors shall be required to sign in and out of the CDC. Parents are required to sign children in and out of the CDC either at the front desk or at the classroom.
 - 8.12.2 Parents shall be permitted access to the areas in which their child is receiving care. Parents must take their child(ren) to the room in which the child(ren) will receive care.
 - 8.12.3 Staff and volunteers shall wear name tags and/or identifying apparel.

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- 8.12.4 At least two caregivers shall be present in each classroom at all times or comparable measures, such as video surveillance, shall be taken. Video surveillance monitors should be located where they can be constantly observed (e.g., reception or administrative areas).
 - 8.12.5 Caregivers with a completed Installations Records Check, but without a completed background investigation, shall work in line of sight of staff with a completed background investigation. A system for identifying staff without completed checks (e.g., different colored name tags, smocks, shirts, etc.) should be implemented.
 - 8.12.6 Extra precautions shall be taken during weekend and evening care to facilitate supervision and allow visual access of children by parents when entering and leaving the facility.
- 8.13 Inappropriate discipline techniques frequently lead to allegations of child abuse against caregivers and FCC providers. Each CDP shall have a written discipline policy. Programs shall also have a touch policy that is designed to inform staff of the boundaries for appropriate and inappropriate touch.
- 8.13.1 The discipline policy shall be designed to assist the child in developing self-control, self-respect, and respect and consideration for the rights and property of others. Clear behavior limits for children shall be established based on positive guidance (what to do vice what not to do) and redirecting children toward desired activities.

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- 8.13.2 Corporal punishment or any humiliating or frightening punishment is forbidden. The use of corporal punishment by any CDC employee or FCC provider is grounds for immediate dismissal/decertification. This includes:
- Spanking
 - Hitting
 - Slapping
 - Pinching
 - Shaking
 - Any other form of physical punishment
- 8.13.3 Verbal abuse, threats and derogatory remarks are forbidden.
- 8.13.4 Restricting the child's movements or placing the child in a confined space, as a form of punishment, is forbidden.
- 8.13.5 Withholding or forcing meals, snacks, or naps is also forbidden.
- 8.13.6 Children shall not be punished for lapse in toilet training.
- 8.13.7 All personnel shall be provided and acknowledge receipt of a copy of the discipline policy prior to working with children. Appropriate personnel actions should be taken for failure to comply with discipline policy.
- 8.13.8 CDC personnel and FCC providers shall receive on-going training in discipline techniques.